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This supplement outlines the established medical examination standards for Preventive Health Assessment and Individual Medical Readiness Guidelines (PIMR) at Air Force Medical Treatment Facilities.

AFI 48-123, 22 May 2001, is supplemented as follows:

1.2.4.4. (Added) HIV test is reaccomplished every five years.

1.2.4.6. (Added) Footprints must be accomplished on all flying personnel.

NOTE: (Insert after "Flowsheet...") IAW AFPAM 44-155, *Implementing Put Prevention Into Practice*.

1.3. (Added) Preventive Health Assessment and Individual Medical Readiness (PIMR). The Preventive Health Assessment (PHA) and Individual Medical Readiness (IMR) is an upgrade to the existing PHA program instituted in November 1997. Over the last several years, there have been numerous changes in the Air Force Medical Service (AFMS) and Military Healthcare Services (MHS) which are reflected in this program. The outcome of PIMR should be a medically fit and ready force. Responsibility for ensuring a fit and healthy force is shared between commanders, primary care management (PCM) teams and the individual service members. All have a role ensuring the success of this program.

1.3.1. The primary purpose of PIMR is to provide a "real-time" medical readiness assessment of IMR requirements for commanders, individuals, and PCMs so they can manage the readiness status of their assigned or enrolled Air Force personnel.

1.3.2. Secondly, PIMR provides a year-round systematic process to optimize the health and reliability of the human weapon system through prevention at every encounter. Use of the PHA as the "safety net" ensures preventive health requirements are met and feedback is provided to all stakeholders.

1.3.3. PIMR is strictly a database management tool used to monitor the readiness status of an individual. It does not take the place of the DD Form 2766, **Adult Preventive and Chronic Care Flowsheet,** which provides the detailed information of the individual's physical health.

2.2.4. (Added) Appoints the PIMR Program Manager and ensures that adequate personnel and resources are allocated for daily operations. Commanders should monitor PIMR rates as part of the P2R2 metric system and track performance by PCM teams to ensure optimal force readiness. This information can be viewed at https://www.afchips.brooks.af.mil/pimr/Stats_PIMR.htm.

2.4.1. (Added) PCM Teams: These teams are extensions of the health care providers and are responsible for the delivery of preventive health services on a daily basis. They ensure PHA (including final review) are accomplished in a timely manner and documented appropriately. They continuously monitor IMR status for their enrollees as well as their occupational health, fitness, clinical preventive service requirements and any necessary medical follow-up.

2.4.1.1. Properly record results of examinations.

2.4.1.2. Perform appropriate ancillary examinations.

2.4.1.3. Update PIMR at a minimum during the following: Visits requiring profiling actions; clinical (acute or routine) visits (when time and resources permit); occupational health exams and/or PHAs; during records reviews (i.e., retraining, mobility, or attendance at PME); Pre- and post-deployment processing.

2.5.5. (Added) PIMR Program Manager: The MDG/CC will appoint a PIMR program manager to:

2.5.5.1. Monitor PIMR and coordinate with the Health Care Integrator (HCI) and Group Practice Manager (GPM) to run products and track metrics and reports.

2.5.5.2. Monitor, track, and report show rates for PHA/OHME.

2.5.5.3. Monitor and track AF Forms 422 (Profile Serial Report) actions.

2.5.5.4. Oversee and/or initiate updates on PIMR program.

2.5.5.5. Monitor and run other reports as directed in the *Preventive Health Assessment and Individual Medical Readiness, Program Manager Guide, April 2001*.

2.5.6. Maintains responsibility for monitoring PIMR functions.

2.5.7. Generates PIMR reports for metrics.

2.5.8. Runs unit rosters of individuals to be scheduled and forwards those rosters to the appropriate unit health monitor (UHM).

2.5.9. Maintains quality control of PIMR products.

2.5.10. Integrates with IS to accomplish PIMR system software upgrades.

2.5.11. Gathers/monitors/reports no-show data and is liaison between the UHMs and PCMs.

2.5.12. Consultant to PCM teams on questions regarding application of medical standards.

2.5.13. Ensures PHAs are being completed and results are entered into the database in a timely manner.

2.5.14. Ensures 4T profiles are initiated on military members found to be questionable for continued active duty IAW chapter 10 of this Air Force Instruction.

2.6. Unit Commanders: Responsible for ensuring personnel assigned to their unit complete their appropriate medical appointments to ensure a force that is fit and deployment ready.

2.8. (Added) Population Health Working Group. Review/analyze PIMR data on a routine basis as part the of outcomes management function.

2.8.1. Resove issues with process completion, staff interactions, scheduling problems, etc., and ensure line commanders are receiving adequate support.

2.8.2. Ensure that all enrollees are assigned to a PCM by name and that they are generally seen by their assigned PCM for their routine care and PHA.

2.8.3. Ensure that the PCM teams roles and responsibilities are well defined and training needs are met.

2.9. (Added) Group Practice Manager (GPM). Responsible for clinical practice administration, long and short term strategic planning, monitoring/improving quality of clinical/administrative data, resource management, and general administration.

2.9.1 Utilizes demand forecasting to ensure sufficient open appointments to complete PHA and other additional services, e.g., CPS, counseling, immunizations, etc.

2.10. (Added) Health Care Integrator (HCI). In concert with assigned teams, utilizes population-based health principles to build healthy people, communities, and a fit and ready force.

2.10.1. Leads the MTF in population health program development, integrates all aspects of care along the health continuum.

2.10.2. Develops educational programs for staff concerning integrated health care processes and data management.

2.10.3. Establishes links with utilization managers, case managers, and discharge planners, including contractors, to provide all aspects of services for patients who experience barriers to appropriate care.

2.11. (Added) Information Systems (IS).

2.11.1. Responsible for network management, software installation and overall system support.

2.11.2. A program manager is appointed by the MDG/CC (or his/her designee) to maintain responsibility for the daily management of the PIMR software system. At least three individuals are identified locally (primary, secondary and alternate) and trained on the use and application of the PIMR software.

4.1.2. Reference Air Force Reserve supplement to AFPAM 48-133, *Physical Examination Techniques*, and HQ USAF/SG Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities.

10.3.1. (Added) Physical profiles will be accomplished and tracked utilizing the PIMR software.

10.5.1.1. When individual is placed on prophylactic medication or when permanently affected by disease or injury under PULHES, but does not warrant medical retraining or MEB.

15.1. Each medical record must be reviewed to identify any medical conditions or behavioral risks that require further evaluation or counseling.

15.2.3.8. As specified in Attachment 19.

15.3. An interval history is required for each PHA. Sources other than those listed above may be used to collect information for the history. These include the Dental Form 696, web-based questionnaires, telephone interviews, or other modalities. Regardless of how it is collected, it must be immediately reviewed

and forwarded for inclusion in the medical record and available to review at the time of the administrative portion of the PHA.

15.8. See AFPAM 44-155, Chapter 4.

15.9. (Added) Health History Tool (HHT). Local policy will determine the frequency and which HHT (i.e., 16 question Overprint SF 600, or MDG specific equivalent) will be utilized. Whatever variation is used, it must provide individuals a self-reporting tool to identify their health concerns and should be accomplished prior to the PHA (i.e., during the fitness exam, dental exam, etc).

15.9.1. The HHT once completed however, must be reviewed as soon as possible (immediately for those on PRP), to ensure there are no indicators that require immediate intervention such as mental health issues that could have an impact on the individual's PRP status. Indicators having immediate impact on PRP status or major health care concerns require that further evaluation or counseling needs be identified and the individual scheduled for any needed follow-up.

15.10. (Added) IMR Requirements: All IMR requirements must be reviewed, evaluated, and accomplished as part of the complete PHA process.

15.10.1. Immunizations.

15.10.1.1. Immunizations personnel verify currency; immunize individual's; and update the Air Force Complete Immunizations Tracking Application (AFCITA) IAW AFJI 48-110, *Immunizations and Chemoprophylaxis.*

15.10.1.2. When a required immunization becomes due, the IMR status will change to red. When the immunization is completed or the requirement in AFCITA is deleted, the IMR status will revert to green.

15.10.2. Dental Classification.

15.10.2.1. Dental classification is managed through the Dental Classification Management System (DCMS) automatically downloaded to PIMR.

15.10.2.2. A dental classification of 1 or 2 will show IMR green, 3 or 4 will show as red.

15.10.3. AF Form 422, **Physical Profile Serial Report.**

15.10.3.1. Profiles will be managed within the PIMR software.

15.10.3.2. Providers will initiate the profile as indicated in Chapter 10 and guidance in AFPAM 48-133, *Physical Exam Techniques*, Chapter 10, para 10.3.

15.10.4. Medical Readiness Lab Tests.

15.10.4.1. All those listed in 1.2.4. above with the exception of the PIP are monitored in PIMR. If these tests have not been accomplished and/or have not been entered into the PIMR software they will show as red.

15.10.4.2. To turn this portion of the PIMR software to green, the information must be entered manually.

15.10.5. Health Records Review (HRR) Date.

15.10.5.1. This date is manually entered into the PIMR system by a PCM team member and is the indication that the complete PCM review above has been accomplished.

15.10.5.2. The first day of the 13th month after the last assessment, this area in PIMR turns yellow indicating the individual is overdue for an assessment. On rare occasions, such as an unannounced rapid deployment, an individual's PHA could be delayed up to a maximum of six months (or 18 months total).

15.10.5.3. After 18 months, PIMR status turns red reflecting that the person should have an assessment completed prior to any deployment.

15.10.6. Other Specific Data.

15.10.6.1. Attachment 19 reflects any special populations (i.e., flying personnel), that have additional requirements programmed into the PIMR software.

15.10.7. Medical Equipment Data.

15.10.7.1. Items such as gas mask inserts, QNFT, etc, will be entered into PIMR but will not affect the IMR status until October 2002 to allow the data to be entered during one normal PHA cycle**.**

17.1. The MTF develops local policy on how OHMEs will be conducted. Policy must be established at bases where Active Duty members receive OHMEs through an Occupational Medicine Service (OMS), as to how and where their PHAs will be done (through the OMS or their PCM) and how the results are updated in PIMR.

17.3. Prepares scheduling products for occupational health examinations/assessments.

17.3.1. Provides scheduling products to the UHM.

17.3.2. Monitors and reports no-shows.

17.3.3. Liaison to the PCMs/OMS.

17.3.3.1. Provides oversight to the application of medical standards IAW this instruction as well as other Air Force instructions dealing with classification and training and readiness issues.

17.3.3.2. Schedules and monitors the completion of physical exams from outside agencies such as, DoD-MERB, ROTC Detachments, recruiters, other military branches, and NASA. Reviews and forwards completed medical examinations to the appropriate authority.

17.3.3.3. Answers questions regarding the application of medical standards to all types of medical examinations and profile reports.

17.3.4. Conducts and monitors the Hearing Conservation Program unless an OMS is located at your facility.

17.3.5. In coordination with Public Health, tracks the examination requirements for active duty military members and civilians through the Aerospace Information Management System (ASIMS) and/or Command Core System (CCS). *An interface to CCS through PIMR is currently in development.*

17.4. All required exams and frequencies must be manually entered by the PCM teams into the PHA module of PIMR.

17.4.1. Prior to certifying that a PHA is complete, the PCM teams locate and review all associated documentation and ensure all OHME requirements have been accomplished either in conjunction with, or prior to the PHA.

17.4.2. Upon completion of the PCM review, referrals for further evaluation are made if appropriate. The PCM maintains responsibility for tracking results and follow-up with the examinee until all referrals are completed.

Attachment 1 (Added-AFMC)

References

AFI 44-155, *Put Prevention Into Practice*

AFJI 48-110, *Immunizations and Chemoprophylaxis*

Preventive Health Assessment (PHA) and Individual Medical Readiness Guidelines

Preventive Health Assessment and Individual Medical Readiness, Program Managers Guide, April 2001

Abbreviations and Acronyms (Added-AFMC)

AFCITA—Air Force Complete Immunizations Tracking Application

ASIMS—Aerospace Information Management System

CCS—Command Core System

CPS—Clinical Preventive Services

GPM—Group practice manager

GSU—Geographically separated unit

HEAR—Health Enrollment Assessment Review

HHT—Health History Tool

HCI–Health care integrator

HRR—Health records review

IS—Information systems

MDG—Medical Group

MHS—Military Healthcare Services

OHME—Occupational health medical examination

PCM—Primary care manager

PHWG—Population Health Working Group

PIMR—Preventive Health Assessment and Individual Medical Readiness

PRP—Personnel Reliability Program

QNFT—Quantitative fit test

UDM—Unit deployment monitor

UHM—Unit health monitor

A18.1.4. (Added) If a member will become due for their PHA during a known deployment, the PHA must be accomplished prior to the deployment. It is not necessary to accomplish a PHA on every individual during their EAF vulnerability window.

A18.3. (Added) IMR Rate.

A18.3.1. Individual Status. The IMR status for each individual is coded as follows:

A18.3.1.1. Green—all individual medical readiness requirements have been met and are current.

A18.3.1.2. Yellow—does not downgrade overall PIMR status all or some medical readiness requirements are overdue and need to be brought into compliance.

A18.3.1.3. Red—one or all of the IMR requirements are not met and/or the individual has a condition, which makes them not recommended for deployment.

A18.3.1.4. Aggregate Status:

A18.3.1.4.1. IMR Rate will be reported as the percent of assigned members medically ready for deployment. (Note: Students are not included in the denominator and GSU IMR rates are monitored separately.)

A18.3.1.4.2. The denominators for aggregate data should be evaluated in two ways depending on scope of responsibility. Data for both metrics must be provided through the MDG.

A18.4. Wing IMR Metric.

A18.4.1. Metric tells wing and unit commanders the IMR status of assigned personnel for which the wing is responsible.

A18.4.2. Individuals assigned to GSUs, tenant units, and students are reported separately.

A18.5. Medical IMR Metric. Reflects IMR status of members which MDG is responsible for:

A18.5.1. Members enrolled to the MTF (regardless of where they may be assigned).

A18.5.2. Members assigned to the Wing that are not enrolled in another MTF (includes tenants, students and may contain GSU personnel from other installations).

A18.5.3. Individuals enrolled to another MTF receive their PHA from their assigned PCM.

A18.5.4. Special provisions will be made locally to provide PHAs for individuals assigned to the Wing but enrolled in a non-AF MTF until all military branches (Army, Navy, and Air Force) provide similar services. Unless arrangements are coordinated with another service, individuals must schedule an annual appointment with an AF MTF PCM team to review their PIMR requirements and ensure the appropriate databases are updated.

(Added) ***NOTE:*** *The capability to report the Medical IMR Metrics is in development. Enrollment databases are generally not yet mature enough to provide this information. Until the National Enrollment Database System (NEDS) is fully fielded and reliable, local accommodations may be necessary in order to get to the Medical Metric; however, it is important for medical groups to understand that this is the population for whom they are responsible. They are also responsible to provide the Wing IMR Metric data for assigned personnel.*

A19.1. (Added) Introduction. The PHA is an on-going systematic process in which a review of all preventive health requirements for active duty AF members takes place with each patient encounter. If the member has received needed preventive services as part of their routine care, then little or no additional intervention may be required and the PHA may be strictly an administrative review. To make this as seamless as possible, each PCM is charged to manage their enrollees, as they have the best knowledge of their enrollees health needs and should be aware of any examination results.

A19.2. (Added) Clinical Preventive Services (CPS).

A19.2.1. CPS are the initial steps toward completing the PHA and are reflected within PIMR as the minimum recommended examinations based on the US Preventive Services Task Force recommendations. The PIMR software uses these guidelines as the basis for determining when individuals are "due" (see Tables 19A/B). Providers may change the recommended frequency for individual patients based on their risk factors. These changes must be reflected in the medical records.

A19.2.2. Requirements are screening tests (i.e., Amsler Grid, audiograms, glaucoma check, etc), which are mandated by AFPAM 48-133, *Physical Examination Techniques* and AFI 48-123, *Medical Examinations and Standards* to be accomplished. These tests must be completed at a minimum as prescribed in Tables 19 A/B, but can be completed on a more frequent basis if needed.

A19.2.3. Every patient encounter is an opportunity to address outstanding preventive health care needs. When these needs are identified, it is imperative that the individual be scheduled and/or provided as quickly as possible.

A19.2.4. At a minimum, preventive health requirements and recommendations should be reviewed at the time of:

A19.2.4.1. Medical in-processing

A19.2.4.2. Routine or acute appointments

A19.2.4.3. The annual HRR

A19.2.4.4. Pre-deployment and post-deployment processing

A19.3. (Added) PHA Process: PHA and IMR is a MDG program and the process of completing PHAs is a joint effort between several sections. Numerous ancillary services (lab, radiology, etc) provide support to ensure complete assessments.

A19.4. (Added) Responsibilities.

A19.4.1. **PCM Teams:** Flight Medicine, Family Health and Family Practice.

A19.4.1.1. Pull and review medical records prior to the PHA to determine need to see provider.

A19.4.1.1.1. Medical technician's (4N0X1) personnel perform this review.

A19.4.1.1.2. Professional nurses may accomplish this review and conduct interviews to assess patient's clinical needs and train support staff on assessment techniques.

A19.4.2.1. Ensure aviators and special duty personnel (air traffic controllers, ground based controllers, etc) are seen annually.

A19.4.2.2. Ensure any medical condition(s) found to be disqualifying for continued military service are properly profiled and scheduled for appropriate medical follow-up, care and determination of world wide qualification.

A19.4.2.3. Complete the para-professional portions of the PHA to include, vision testing, anthropometric data, blood pressure, interval history, counseling, etc.

A19.4.2.4. Ensures a credentialed provider performs the professional aspects of PHAs and complete a review of all referral and/or screening results.

A19.4.2.5. Ensure required tests/assessments such as PAP smears, cholesterol screening, OHMEs and mammograms are scheduled.

A19.4.2.6. In accordance with local guidance, monitor and track any referrals or screenings and upon completion, ensure patient has received results and the individual's medical records have been appropriately annotated.

A19.4.2.7. Update the PIMR database to reflect current status of enrollees.

A19.5. (Added) Frequency of PHA.

A19.5.1. PHAs on flying personnel will be accomplished on or during their birth month IAW AFI 48-123, Attachment 9.

A19.5.2. For nonflying personnel, the PHA becomes due 12 months after the last PHA was documented as being completed by record review or PIMR software. Every effort should be made to complete the OHME with the PHA.

A19.6. (Added) Special Rules for GSUs.

A19.6.1. GSU IMR rates will be tracked separately and will not be included in the MTF baseline.

A19.6.2. Individuals assigned to a GSU must complete their PHA no less than 90 days prior to their assignment and every three years thereafter (unless occupational health exams are required more frequently) if they are without intrinsic medical support or readily available medical support.

A19.6.3. All PHA and IMR requirements must be current including Clinical Preventive Services, fitness assessment, and any occupational health requirements prior to assignment to a GSU.

A19.6.4. Ongoing preventive care will be the responsibility of their assigned PCM.

A19.6.5. For GSUs with a mobility requirement, special arrangements may be necessary to ensure their readiness status is maintained and tracked.

A19.6.6. MTFs must work with these GSUs to establish local protocols and frequencies.

A19.7. (Added) Scope of PHAs. The scope of the PHA is directed by Attachment 9 and Tables 19A and B of this instruction.

GEORGE W. SEIGNIOUS IV, Col, USAF, BSC
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